

January 27, 2017

## BY ELECTRONIC COMMENT FILING SYSTEM

Marlene H. Dortch, Secretary
Office of the Secretary
Federal Communications Commission
445 12<sup>th</sup> Street, SW
Suite TW-A325
Washington, DC 20554

Dear Ms. Dortch:

Re:

WC Docket No. 14-171 -

Lifeline Certification and Reporting Pursuant to 47 C.F.R. § 54.416(b)

Due January 31, 2017

Pursuant to 47 C.F.R. § 54.416(b), on behalf of Western Wahkiakum County Telephone Company ("Company"), accompanying this letter for filing with the Federal Communications Commission is an electronic copy of the completed FCC Form 555 (Annual Lifeline Eligible Telecommunications Carrier Certification Form), for the reporting year ended December 31, 2016, that has been submitted by the Company to the Universal Service Administrative Company (USAC) with respect to the Company's Lifeline service subscribers residing in the State of Washington.

Sincerely,

Steven M. Appelo

President

Accompanying document

# Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

522451	143002607	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a	Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).	
2016 Washington	Western Wahkiakum County Telephone C	
Recertification Year State ETC Name		
Wahkiakum West Telephone	Wahkiakum West, Inc.	
DBA, Marketing, or Other Branding Name (If same as ETC name, list "NA" Do not leave blank)	Holding Company Name (If same as ETC name, list "NA" Do not leave blank)	
	Act. That Section defines "affiliate" as "a person that (directly or indirectly) enership or control with, another person." 47 U.S.C. § 153(2). See also 47  Affiliated ETC's Name	
iws (or partnership agreement), and would typically be r	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, there is a sole proprietorship, the owner must sign the certification.	
ection 1: Initial Certification All ETCs must complete	this section	

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial 3MA

#### Section 2: **Annual Recertification**

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
24	0	. 3		

### Recertification Results:

F	G	H = (F-G)	1	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
20	9

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Y to t

Initial

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: USAC

(List database or name of administrator here)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above

Initial 5

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial \_

## Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
20	9	45%

# Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section subscribers de-enrolled by month.

# Is the ETC subject to the non-usage requirements? Yes No 🗓

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	0
Month	Subscribers De-Enrolled for Non-Usage
January	Tanana in itali osago
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	

## Signature Block

By signing below, I certify that the company procedures. I am an officer of the company Study Area Code (SAC) listed above.	listed above is in compliance with all federal named above. I am authorized to make this	Lifeline certification certification for the
isted above.		

	nec

Signature of Officer sappelo@comcast.net

Email Address of Officer Joni Matthews

Person Completing This Certification Form

Steven M. Appelo, President

Frinted Name and Title of Office

Date (360) 465-2211

Contact Phone Number

## **Affiliated ETCs**

SAC	
	Name